

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90076 039 \*\*\*150.00

DOCUMENT # P98000024766

1. Corporation Name  
EL BODEGON GROCERY INC.

Principal Place of Business  
888 BIRGHTWOOD WAY  
WELLINGTON FL 33414

Mailing Address  
888 BIRGHTWOOD WAY  
WELLINGTON FL 33414



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1998

4. FEI Number

65-0821854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4545 Forest Hill

Suite, Apt. #, etc.

22 11

City & State  
23 West Palm Bch FL

Zip Country  
24 33415 25

2a. Mailing Address

26 4545 Forest Hill Blvd

Suite, Apt. #, etc.

27 11

City & State  
28 West Palm Beach FL

Zip Country  
29 33415 30 P.B.

9. Name and Address of Current Registered Agent

MORTIZ, CARLOS M  
888 BIRGHTWOOD WAY  
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

Carlos M. Ortiz

82 Street Address (P.O. Box Number is Not Acceptable)

4545 Forest Hill Blvd

83

84 City

West Palm Bch

FL

85 Zip Code

33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Carlos M. Ortiz*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/20/99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ORTIZ, CARLOS  
STREET ADDRESS 888 BIRGHTWOOD WAY  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DELETE

TITLE D  
NAME RINCON, GLORIA P  
STREET ADDRESS 4812 CHERRY ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ DELETE

TITLE D  
NAME RINCON, GUILLERMO A  
STREET ADDRESS 4812 CHERRY ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos M. Ortiz* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/99 (561) 967-2921

CR2E034 (11/98)